



# Carmella Sabaugh

Todd Schmitz  
Deputy Clerk

Macomb County  
Clerk/Register of Deeds

Betty A. Oleksik  
Deputy Register of Deeds

July 6, 2006

Macomb Businesses United  
32068 Margaret Court  
Warren, MI 48093

Dear Committee:

Effective in July, a report detailing campaign finance fees owed by committees will be available to the public on my web site. As a courtesy, I wanted to give you the opportunity to pay your fees before the information is posted on the web.

**Our records indicate that your committee, #137802 - Macomb Businesses United, currently owes a total of \$30.00.**

Checks or money orders should be made payable to *Macomb County Clerk*. For your convenience, I am enclosing a form that may be used for credit card payments and can either be mailed or faxed back to us. Our fax number is (586) 469-6927 and our mailing address is: Macomb County Clerk, Election Dept., 40 North Main, Mount Clemens, MI 48043.

If you have any questions about this information, please feel free to contact the Election Department of my office at (586) 469-5209. Thank you.

Yours truly,

  
Carmella Sabaugh  
Macomb County Clerk/Register of Deeds

Clerk's Office  
40 N. Main St.  
Mount Clemens, MI 48043  
586-469-5120  
Fax: 586-783-8184

<http://www.macombcountymi.gov/clerksoffice>  
[clerksoffice@macombcountymi.gov](mailto:clerksoffice@macombcountymi.gov)

Fax-on-Demand  
Michigan: 1-888-99-CLERK  
Out-of-State: 310-575-5035

Register of Deeds  
10 N. Main St.  
Mount Clemens, MI 48043  
586-469-5175  
Fax: 586-469-5130

<http://www.macombcountymi.gov/registerdeeds>  
[registerdeeds@macombcountymi.gov](mailto:registerdeeds@macombcountymi.gov)

**MACOMB COUNTY ELECTIONS DEPARTMENT  
CAMPAIGN FINANCE FEE PAYMENT FAX SHEET**

**FAX THIS FORM TO ELECTIONS AT 586-469-6927**

Name of Committee: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Document(s) payment is for: \_\_\_\_\_

I authorize the Macomb County Elections Department to charge my credit card up to  
\$ \_\_\_\_\_ .00 for Campaign Finance Fees owed by the committee stated above.

**PAYMENT INFORMATION**

Type of credit card being used:

☐

Visa

☐

MasterCard

☐

American Express

☐

Discover

Cardholder name (please print):

\_\_\_\_\_

Cardholder signature (REQUIRED):

\_\_\_\_\_

Date: \_\_\_\_\_

Credit card number:

\_\_\_\_\_

Expiration date:

\_\_\_\_ / \_\_\_\_

**FORM CAN ALSO BE MAILED TO:**

Macomb County Clerk  
Election Department  
40 North Main Street  
Mount Clemens, MI 48043

For copies of this form or other forms call:  
888-99-CLERK (888-992-5375)  
Out of Michigan call: 310-575-5035  
This form is document #6720  
A complete listing of forms is document #1  
**For help completing this form call**  
**586-469-5209**

You may view outstanding Campaign Finance balances at <http://campaignfinance.macombcountymi.gov/>

**FAX THIS FORM TO: 586-469-6927**

The County Clerk's Office copy of this form will be destroyed after processing.